## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/21/2014	Street:	1303 S Liberty Steet	
Incident #:	14ISPC003340	Apt, Lot, Ro	Apt, Lot, Room #:	
County:	Delaware	City:	Muncie	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
<ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
Bedroom Red Phos Hydrochle Flammab	phorous/Iodine Reaction(s): oric Acid Gas Generator(s): le Solvents: Master Bedroom active Metal (Lithium): Master	☐ Corros ☐ Corros ☐ Ammo <u>Kitchen</u>	<ul> <li>☐ Anhydrous Ammonia:</li> <li>☐ Corrosive Acid: Kitchen</li> <li>☐ Corrosive Base: Master Bedroom, Kitchen</li> <li>☐ Ammonium Nitrate/Sulfate: Master Bedroom, Kitchen</li> <li>☐ Other (item and location):</li> </ul>	
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		□ unclea     □ unclea	Living conditions of home: ☐ clean ☒ disarray ☒ unclean Estimated length of time manufacturing had been occurring: 2 weeks Additional Information:	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
	nent: Muncie tment County: Delaware County of Child Services Hotline: dcshotlinere	Fax: <u>Em</u> Fax: <u>Em</u> ports@dcs.in.gov	<u>nail</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Nate Raney Phone 765-778-2121				

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.